

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **564021** (4)  
1. Corporation Name  
**BERKHEIMER ENTERPRISES, INC.**



Principal Place of Business  
**6047 KIMBERLY BLVD  
SUITE N  
NORTH LAUDERDALE FL 33068**

Mailing Address  
**6047 KIMBERLY BLVD  
SUITE N  
NORTH LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1977</b>		3a. Date of Last Report <b>08/23/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1784480</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BERKHEIMER, JERRY D.  
5851 HOLMERS RD  
S2823  
PARKLAND FL 33067**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BERKHEIMER, EDWARD R.</b>			1.2 NAME			
STREET ADDRESS	<b>4801 CEDARHILL RD.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BERKHEIMER, RANDY</b>			2.2 NAME			
STREET ADDRESS	<b>7201 SW 1ST ST.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL</b>			2.4 CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BERKHEIMER, JERRY D.</b>			3.2 NAME			
STREET ADDRESS	<b>5851 HOLMERS RD S2823</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PARKLAND FL</b>			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KONSTEN, JOSEPH M.</b>			4.2 NAME			
STREET ADDRESS	<b>1061 HILLSBORO MILE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BERKHEIMER, JERRY D.</b>			5.2 NAME			
STREET ADDRESS	<b>5851 HOLMERS RD S2823</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PARKLAND FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)